
OBSTETRICS

UNDER THE CHARGE OF

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Transperitoneal Cellohysterotomy.—POLAK (*Am. Jour. Obst.*, July, 1916), has performed eight operations by the following method: Incision is six inches long at the right of the median line, below the umbilicus. The peritoneum is opened, the uterus pushed into the wound, the bladder and visceral peritoneum separated, and the peritoneal reflection of the uterus and that of the abdominal wall and the visceral and parietal layers are united by sutures. An interrupted figure-of-eight with catgut, leaving the ends long, is used. These sutures unite the two layers of the peritoneum and make the lower uterine segment extraperitoneal. To avoid the tearing of the suture at the upper angle the uterus is sutured to the peritoneum and fascia, thus fixing it at the upper angle. After the uterus is emptied the wound in the uterine muscle is closed with interrupted sutures of chromic catgut. When infection is present a gauze pack soaked in iodine is placed in the uterus and removed through the cervix and vagina at the end of the operation. After closing the uterus the operator closes the peritoneum with continuous sutures. The results in his eight cases have been satisfactory.

The Care of the Pregnant Woman.—DONALD (*Brit. Med. Jour.*, July 8, 1916) believes that the pregnant woman must be taught how to take care of herself and warned of certain dangers that may arise. Those agencies which will give her needed information should be encouraged, such as schools for mothers and other means of education. The practical and theoretical training of midwives should be greatly improved, and a routine examination of the urine must be insisted upon. Improvement in medical education of students, with practical training, is most important, and a residence in a maternity hospital for several weeks is essential. Postgraduate instruction for medical practitioners must be provided, and especially such facilities as will enable them to live in a maternity hospital and receive proper clinical training. Methods of diagnosis, aseptic precautions, and the general treatment of confinement cases must be thoroughly taught. Clinical laboratories in connection with maternity hospitals are essential to study those problems most important in connection with abortion and stillbirth. Maternity hospitals must be provided throughout the country under the charge of obstetricians of experience, who should act as consultants in all difficult cases. Medical officers of health and boards of health and examining boards must coöperate in bringing about these improvements.

Editorial Comment on the Care of the Pregnant Woman.—The *British Medical Journal* for July 8, 1916, considers DONALD's paper of sufficient

importance to merit editorial comment. Donald's statement that the solution of the matter, namely, the care of the pregnant woman, is not in statistics and notification, but in education and research, is endorsed by the editor. It is acknowledged that medical education in the department of obstetrics should be greatly improved and that clinical facilities and methods of clinical training should take precedence. So far as the care of the pregnant woman and successful production of healthy children is concerned, an important element in the problem lies in the effort to secure bounties given by the state for this purpose. Picard's opinion is quoted that there must be a bonus for every child, and that the birth of another child must not impoverish the family. This in France has amounted to about \$20. The editor of the *British Medical Journal* does not pretend to say what the real remedy is in this matter of financial aid for the production of children. He states that it is the greatest problem of the immediate future. There are objections to a great increase in wages, and there are some reasons to hope that an improvement in housing conditions may be of service. The editor does not believe that notification of cases of pregnancy will be of much service, but he cannot escape the opportunity of taking a fling at German Kultur and the German methods of state control.

Syphilis in Relation to Obstetrics.—At a recent meeting of the American Gynecological Society, May, 1916, a number of papers upon this subject were contributed. DAVIS presented a paper reviewing the progress of obstetric science since the discovery of Spirochete pallida and salvarsan. He calls attention to the fact that a practically positive diagnosis can now be made by the discovery of the germ in the tissues of the umbilical cord or the blood from the umbilicus. Latent syphilis is of great importance, as it explains the apparent immunity of the nursing mother toward her syphilitic child. Such a patient, however, is syphilitic, and must be so considered and so treated. While salvarsan is of great value in checking the most acute and virulent stage of syphilis, its use in pregnant women may be followed by abortion, and for a definite and permanent result for mother and fetus, it is inferior to mercury and iodide of potassium. In the present stage of obstetric science we have gained greatly in certainty of diagnosis in the detection of obscure cases, especially those of tertiary syphilis when luetin is of value. We have gained in the treatment of syphilis in its acute stage more than in the other stages. The Wassermann reaction, like the Abderhalden test for pregnancy, is misleading in many conditions, and is not to be relied upon for diagnosis or treatment. When the question of the marriage of syphilitic persons arises, at least six years of thorough treatment and observation are necessary to be reasonably sure of recovery. Repeated negative Wassermann reactions by no means prove that absolute recovery has occurred. GELBHORN and EHRENFEST contributed a paper reviewing a series of cases which they had carefully collected and analyzed from a literature and from their own experience, and the paper is illustrated; in its accurate thoroughness it is a valuable acquisition to obstetric literature. In discussion Williams estimated that 26 per cent. of deaths of children after the first two weeks of the puerperal period were due to syphilis. Among negroes syphilis is four or five times more common than in the whites. Buhman gave the results of his study of various

diseases, malignant and otherwise, by the Wassermann reaction. With a few exceptions a strong positive Wassermann reaction very accurately controlled and carefully made is conclusive evidence of syphilis. A weakly positive reaction without clinical evidence of the disease was unreliable. Syphilitic infection might be present with a negative reaction. So far as the observation went, malignant diseases did not give a positive Wassermann reaction. Peterson drew attention to the uncertainties of diagnosis from clinical symptoms alone and histories. Of 290 gynecological patients, 5.6 per cent. gave positive Wassermann reaction. Among these 22 patients but 5 gave a history of syphilis. The frequency of syphilis in women coming to a clinic for obstetrics and gynecology is about 5 per cent. In a mixed hospital it is from 8 to 10 per cent. ADAIR had studied the relation of syphilis to miscarriage and fetal abnormalities. Apparently pregnancy did not end much more frequently during the first three months in those affected with syphilis than in those who were free from the disease. Among premature births there was evidence of syphilis in about one-third of the mothers. Congenital syphilis appeared in 105 of infants born in the hospital. Of 50 premature infants 8 were syphilitic. SLEMONS had found that accurate diagnosis of syphilis in obstetric patients requires the use of both the Wassermann reaction and the study of the placenta. The freshly teased chorionic villi should be examined in every case. If their appearance raised a suspicion of syphilis the placenta must be hardened and studied, and a Wassermann reaction taken with the mother. BAESLACK had studied the question of the relation of the germ to syphilis by experiments upon animals, and believes that this is practically established. C. C. NORRIS reported a case in which he had diagnosed syphilis of the body of the uterus. TAUSSIG had studied syphilitic fever and found that a diagnosis could rarely be made with absolute certainty. Secondary syphilitic fever occurs in a mild form in 20 per cent. of syphilitic patients at the outbreak of the eruption, and sometimes is prolonged and severe. Late secondary syphilitic fever is occasionally seen after confinement or operation. Tertiary syphilitic fever is practically never due to syphilitic lesions in the female genital tract. Apparently this fever is caused by the reaction of the body to the toxins produced by the germ of syphilis. ANSPACH, in 300 patients, gynecological and obstetric, found a positive Wassermann reaction in 22.6 per cent. In cases of stillbirth cases of positive reaction was obtained in 75 per cent. In rectal disease in 50 per cent.; in abortion in 43 per cent.; in pelvic inflammatory cases in 36 per cent.; in fibroid tumors of the uterus in 16 per cent., and in cases of pregnancy in 17 per cent. In the negroes syphilis is more common than in the white. FOULKROD described a case of syphilitic fever where salvarsan was given once followed in ten days by the return of fever. A second dose ended the attack.

Cesarean Section for Accidental Separation of the Placenta.—MAYNE (*Am. Jour. Obst.*, 1916, lxxiv), was called to a woman, seven months pregnant, suffering from vaginal hemorrhage. This was but partly controlled by packing, the cervix was small and tightly closed, and the patient was delivered by section. The placenta was almost completely detached and there was a quart of blood and clots in the uterine cavity. The patient made a good recovery.